

Local MPs join in the fun at Music Workshop!

Local children, 8-12 years produced a song drawn from their personal experiences from living with a parent with a mental illness.

Last month local MPs Bruce Billson and Greg Hunt visited a Music Workshop run by the Satellite Foundation in conjunction with PGNP's Champs Program at the High Street Uniting Church, Frankston. Together with Bruce and Greg was the Shadow Parliamentary Secretary for Regional Health Services, Andrew Laming.

Mr Laming said he was so impressed by the program that it could be used as a model for other areas around the country. "These community based programs are so important to the welfare of the community and our future generations," said Mr Laming.



PGNP Project Officer Suzanne Heppell, Hon MPs Bruce Billson, Andrew Laming, Greg Hunt and the Champs

Both PGNP CHAMPS and the Satellite Foundation support children (8-12 yrs) who have a parent with a mental illness. The Music Workshop was run over four and a half days and was facilitated by two brilliant Melbourne musicians- Eva Popov and Justin Brady. Eva and Justin provided a fun and creative space, which assisted the children with the process of writing, singing and producing a song that is drawn from their personal and shared experiences of living with a parent with a mental illness.

Angels and Demons

My friends and family have locked me out
 Everyone is begging for sunlight
 The demons have shut it out
 We can surf through them if we try
 We have freedom to choose (x 4)
CHORUS
 Caring for each other puts us at peace
 We come together to celebrate
 The Champions are our angels
 United we shall win.....
 Demons are taking us one by one
 Every time we try to break free
 Angels are here to reflect their light
 Shining through to the real me
 If we believe we'll succeed (x4)
 Caring for each other puts us at peace
 We come together to celebrate
 United we shall win....
 United we shall win...
 United we shall win (fade slowly)

The children were also provided with a harmonica and instructed on how to accompany the song when not singing.

The finale of the workshop was a concert for the nine families of Sharni, Eva, Armishi, Ethan, Seth, Lian, Aidon, Nathan and Jonathon to celebrate their production of the song "Angels and Demons".



Justin Brady and the Champs composing the song

CHAMPS is a model of collaborative care with the following organisations working together: Peninsula GP Network, Good Shepherd, Anglicare, Oz Child, PH Mental Health Services, PH Youth & Family Services, PH Community Services, Open Family Australia, and Hanover Australia providing CHAMPS and a parents program. The program is funded by Skills Plus Foundation, Rotary Club or Rosebud/Rye and the RE Ross Trust Fund.

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The Peninsula GP is the newsletter of the Division. It is published bimonthly from February to December and is circulated to all general practitioners and many other health service providers on the Peninsula.

Consumer feedback

Contact the CEO, Kath Ferry on
Telephone : 03) 9708 8019
Email: contact@pgpn.org.au
or download a [Consumer Feedback form](#) from our website & mail to 33 Jacksons Road , Mt Eliza VIC, 3930.

Submission of material or advertising

Contact the network on;
Telephone : 03) 9708 8019
Email: s.guthrie@pgpn.org.au

Deadline for the next issue is:

28 March 2012

Disclaimer: The views expressed in this newsletter are those of the authors and do not necessarily reflect the official position of the Peninsula GP Network.

Any editorial comment expressed in the Newsletter is the opinion of the editor only, and does not represent the views of the Network.



DAMIAN FLANAGAN
Chairman, PGPN

Frankston Mornington Peninsula Medicare Local (FMPML) is now officially in existence. Whilst the initial movements are slow and hampered by seemingly endless bureaucratic red tape, it looks to be making solid progress in setting up governance and higher management systems. The recruitment for a CEO is almost complete.

Due to direct evolving government policy it appears the MLs will take over as many of the programs as possible from the divisions, more than initially envisaged, with many new contracts mandating that programs move across to the ML. The GP voice is diluting. This has meant that the positioning of the PGPN as a viable entity moving beyond 2012/13 is more difficult to envisage.

“We have 2 GPs on the initial transition board, so at least a solid GP knowledge base remains within the ML formation.”

The board retain its stance for the PGPN to primarily retain its advocacy role for general practice, representing the local GP, PNs and general practices in local and state and national forums. This is assured. But beyond this it seems we are at the mercy of funding (as always). Funding that will now predominantly originate from the

Is the GP Voice Diluting?

FMPML itself, but also from several other sources.

I acknowledge that this transition phase is difficult and uncertain; for staff and GPs, but I still see the end benefit for the communities primary health being benefited by the process. I suppose time will tell.

We have 2 GPs on the initial transition board, so at least a solid GP knowledge base remains within the ML formation.

Dr. Michael Cross

It is sad news that I announce the resignation of Michael Cross from the PGPN board. Michael has been an active board member for the division for over 13 years. In fact we both started with the MPDGP (as it was then) at the same time. Michael has been Chair for several years as well as holding many other senior positions. His wisdom, views and stewardship at the board level has been invaluable to all involved with him.

Michael has decided to step down from the PGPN board so he can clearly concentrate on his role as the chair of the FMPML without any conflict of interest. I wish him well and believe he will strongly retain and articulate the central importance general practice holds in primary care. I thank him for his service, he will be missed.

Damian Flanagan
Chair

PGPN Leaps into 2012..

2012, the leap year is with us, already one month down and much of interest in the primary care space.

“PGPN will continue to provide all its current services & will be negotiating with the FMPML to continue until at least June 30”

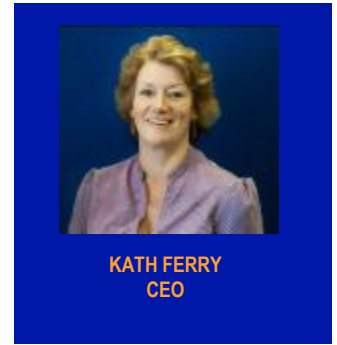
The Frankston-Mornington Peninsula Medicare Local (FMPML) Board is in the process of recruiting its CEO so hopefully in the next edition this can be announced.

Unfortunately the transition manager did not commence prior to Christmas so PGPN has been supporting the ML commence its journey.

Assisting the region draw up a plan for provision of after- hours services is one of the key tasks which has been given to the ML; PGPN is assisting with gathering ‘up to date’ information from practices as well as data from a range of other sources.

PGPN will continue to provide all its current services and will be negotiating with the FMPML to continue until at least June 30 this year so there will be no disruption to normal business.

There is much of interest in the primary care space at the moment,



how will Telehealth take off, who’s using it?, co-ordinated care of diabetic patients, e-health development etc...

PGPN would be very interested in getting feedback /suggestions/ comments from you as members related to these proposed changes and developments.



Happy reading...

Frankston-Mornington Peninsula Medicare Local Have your say in the Health Needs Assessment



One of the first tasks of the FMPML is to prepare a Primary Health Care Health Needs Assessment for the communities of our catchment.

This will be a staged project with the first stage due to the Department of Health and Ageing by the 19 May 2012.

We are keen to draw on your experience, knowledge and expertise, so you are invited to tell us about the major health needs that you see as priorities for the catchment, the gaps in local

primary health systems and services – what is working well, and what doesn’t work well – and opportunities that would improve the health outcomes of our population.

“We are keen to draw on your experience, knowledge and expertise, so you are invited to tell us about the major health needs that you see as priorities for the catchment”

This first stage of the Health Needs Assessment is being conducted through the population health planning arm of the FMPML which is being led by Professor Helen Keleher of Monash University.

Our aim is to determine priority areas for service development and for identifying people and areas within the community who have unmet needs, or are not engaged with our local health system, or are not accessing services in a timely manner.

You can send your responses to us via the [PGPN website](#) . Or contact Helen at h.keleher@pgpn.org.au.



The tourists have headed home

PGPN support for practices is still here

Welcome to the New Year and post holiday bedlam. After a large breathe is taken post holiday maker influx and life returns to normal, please consider how our staff can assist you and your practice in the coming months.

The events calendar for the next 8 weeks offers a broad array of topics of a clinical and non-clinical nature for all members of the practice team. For the first time, AGPAL will deliver their Navigation Workshop at a local PGPN venue.

A comprehensive program will be delivered addressing the 4th edition RACGP standards, a must for practices accrediting against the new standards soon and particularly helpful for those practices working toward accreditation for the first time. Additional topics coming up include emergency medicine, immunisation update, compression bandaging and sudden cardiac death. A new NPS topic is available to GPs “Antibiotic resistance & respiratory tract infections”, contact Sally to book your practice visits with Jane. To view the entire event calendar including program outlines and to register go to our [events page](#) on the PGPN website.

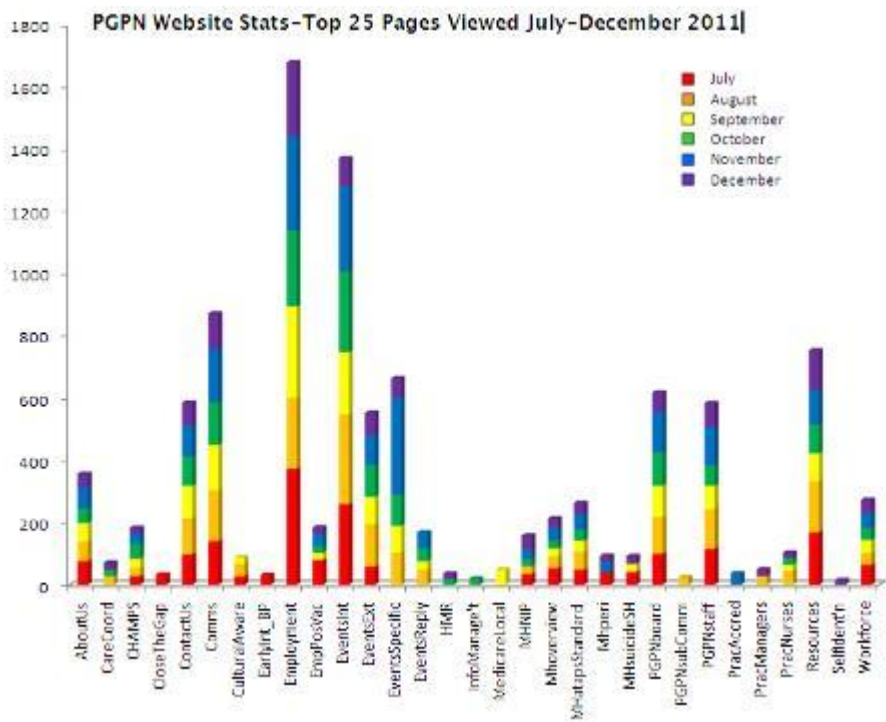
We have been monitoring the access and utilisation of a number of aspects of the new website. Each month has seen a significant growth in people accessing this valuable resource. Most popular are the PGPN communications “Peninsula GP”, weekly update and e-news, situations vacant listings, referral tools and CPD event information. PGPN staff are working hard to ensure this site is current and up to date.

We encourage your feedback at anytime. Currently there is a large number of surveys being disseminated, practice visits to consult with relevant practice personnel to identify issues, gaps or specific needs of our members, the practices or the region more broadly.

Although sometimes perceived as a nuisance, this is a valuable opportunity for general practice to have a voice and ensures that your needs or issues are heard.

The aim of the Victorian Government sponsored Bowel Cancer Screening program is to increase GP awareness and achieve a sustained increase in the level of Faecal Occult Blood Testing in patients aged 50 years & onwards in accordance with NHMRC and RACGP guidelines. A CPD event is being facilitated locally for GPs, nurses and managers to explain the current clinical practice & processes for dealing with screening and management of Bowel Cancer in the general practice environment. The new PEN Clinical Audit Tool version 3 upgrade will assist practices to monitor and assess the uptake of the program over the 6 month period. The program roll out was delayed slightly due to the restructure and allocation of new CAT licenses. We appreciate everyone’s patience and support during this time. PGPN is looking for 10 – 15 practices interested in working with program staff to implement the guidelines and monitor the uptake using PEN CAT. Please contact the office if you would like further information.

Our Close the Gap team has responded to practice feedback and created an informative and interactive cultural awareness and safety training program to be delivered in Red Hill on National Close the Gap day next month. This program will meet the requirements of the PIP Sign On. We appreciate that a full day workshop can be problematic for some practice members, particularly GPs to attend.



Continues opposite

Peak Organisations for Nursing and Midwifery



AHPRA National or State/Territory Office

The role of AHPRA National office is to implement the National Registration and Accreditation Scheme ensuring Australians have access to safe, high quality health practitioners. They work in partnership and collaboration with National Boards and other stakeholders to deliver the single National Registration and Accreditation Scheme. <http://www.ahpra.gov.au/>



LYNDA FRENCH
PGPN PROJECT OFFICER

Nursing and Midwifery Board of Australia

The functions of the Nursing and Midwifery Board of Australia include:

- registering nursing and midwifery practitioners and students
- developing standards, codes and guidelines for the nursing and midwifery profession
- handling notifications, complaints, investigations and disciplinary hearings
- assessing overseas trained practitioners who wish to practise in Australia <http://www.nursingmidwiferyboard.gov.au>

National Competency Standards Review

The Board is sourcing parties to review the National Competency Standards for Nurse Practitioners. The national system of regulation of health practitioners provides a catalyst for a review of the competency standards.

[Review of the National Competency Standards for the Nurse Practitioner Tender Document](#) (252 KB, PDF)

For further details please contact Petrina Halloran via nmbafeedback@ahpra.gov.au.

Immunisation

Recommended vaccines for use in the 2012 influenza season



Strains:

The World Health Organization has recommended vaccines for use in the 2012 influenza season (southern hemisphere) contain the following strains:

- A/California/7/2009 (H1N1) pdm09-like virus
- A/Perth/16/2009 (H3N2)-like virus
- B/Brisbane/60/2008-like virus.
- This means no change to the influenza vaccine strains used in 2010 and 2011; however influenza vaccine should be readministered annually.

Pre-allocation:

The initial stock of the 2012 seasonal influenza vaccine and Pneumovax23® vaccine will be pre-allocated to medical centres,

community health centres and Aboriginal health services. After initial delivery you can place further orders. In February 2012 you can view your pre-allocated stock at www.health.vic.gov.au/immunisation

Source: <http://www.who.int/influenza/vaccines/virus/recommendations/2012south/en/>

Reporting Adverse Events Following Immunisation (AEFI)

An adverse event following immunisation (AEFI) is an unwanted or unexpected event occurring after the administration of vaccine(s). Several sections of the [Australian Immunisation Handbook 9th Edition 2008 \(NHMRC\)](#) contains information on AEFI including [Post-vaccination procedures](#), a [Quick guide of commonly observed AEFI](#) and [Definitions of AEFI](#).

AEFI are notifiable to <http://www.tga.gov.au/safety/problem-medicine-report-adr.htm>

Continued from page 4

The online training program remains an alternative option, however if you are particularly wanting to participate in a face to face program but have barriers to attending, please contact Karan or myself so we can assist in identifying a solution to meeting the requirements of the PIP for your practice.

Enjoy this edition of the newsletter...and yes we would love to hear what you think about it. Give us your feedback and go in the draw for \$100 Myer voucher, just download the [newsletter evaluation form](#) from our website.

Leisl



CLEEVE CHARLES
CPD OFFICER

Have you considered small group learning? (40 Category 1 points)

GPs looking to gain 40 Category 1 points could consider undertaking Small group learning (SGL). Participants initially meet to determine their learning objectives and plan a series of six one hour sessions to achieve these. At the

end of each cycle, the group reflects upon what was learnt, how the group functioned and how this might be improved in any future activities.

Evidence shows that when learners have the opportunity to select topics relevant to their own practice and measure their practice against that of their peers, motivation is high and more likely to enhance change in clinical practice. Small group learning suits in-practice education and topic-based learning.

Small groups ideally have between 4-10 participants (a minimum of two GPs) and can include other health professionals. Consideration can be given to practice systems to support improvements or group audits assist significantly in standardising clinical records.

If you are interested in participating in a small group please contact Cleeve Charles on



9708 8019



c.charles@pgpn.org.au

Supporting Local Workforce

The second half of 2011 saw PGPN visiting practices to ascertain GP workforce needs. A wide variety of responses demonstrated practices having their requisite number of GPs fully met while others are in urgent need.

Practices with GP workforce issues have tried unsuccessfully to advertise for GPs and felt PGPN placing a generic advertisement in the *Australian Doctor* magazine would be beneficial and was actioned in the 12 December edition. It promoted the Peninsula area, lifestyle attractions and offered workforce support from PGPN. We have so far had one response from an interested GP. For those practices having difficulties attracting GPs, and who wish to apply for District of Workforce shortage, highlighting this outcome may be of value.

Other issues highlighted within the practice workforce survey included;

Increasing demand of chronic disease management has negatively impacted on GPs experiencing workforce shortage, effecting capacity to deal with acute patient presentations and care.

Some practices are in dire need of a female GP,

Practices foresee a problem looming with their GPs nearing retirement.

Practices unable to obtain a GP registrar.

If your practice needs assistance with GP workforce please contact Cleeve Charles on



9708 8019



c.charles@pgpn.org.au



Frankston and the Mornington Peninsula, Victoria

Our beautiful region is a well known tourist destination and offers the advantage of a relaxed lifestyle within reach of a state capital. The Mornington Peninsula has a diverse range of practices providing general and specialist medical services to the local community. It offers:

- Well resourced and supportive practices seeking GPs or recently qualified GPs.
- GP friendly private and public hospitals
- Excellent schools
- Easy freeway access to the city of Melbourne and airport
- Great surf and bay beaches
- Variety of outdoor activities at your doorstep- sailing, equestrian
- Vineyards and restaurants
- Regional parks and opportunities for bush walking
- Top rated golf clubs

Peninsula GP Network will do our best to help you make the move – take advantage of some great incentives to help you create your perfect lifestyle. The Australian Government's 'More GPs for Outer Metropolitan Relocation Program' provides opportunities to relocate to an ideal area for work life balance.

With some of our practices falling into 'District of Workforce Shortage' opportunities for International Medical Graduates can exist.

PGPN aims to enhance the quality of general practitioner services and improve the health of the local community. We provide education and information to GPs and the broader community; support improved integration of health care and population health outcomes.

Contact: Cleeve Charles, PGPN Workforce Officer

T: 03 9708 8019

E: c.charles@pgpn.org.au

Website: www.pgpn.org.au

Fitting the Pieces Together to Improve the Health of our DVA – Gold Card Patients.



The recently launched Coordinated Veterans Care (CVC) Program is focusing on veterans, war widows, war widowers and dependants with a gold card that are at risk of being admitted or readmitted to hospital.

The CVC program uses a proactive approach to improve the management of the participating patient’s chronic disease and quality of life. The program actively uses care planning, coordination and review as the tools

to focus on improving the clinics management and participants self management of their health and well being and intends to incorporate the broader multidisciplinary team.

The sharing of health information and care planning are key features of the CVC program.

For example it is anticipated that should a patient be admitted to hospital or have a planned admission, their care plan will go with them to assist in their hospitalisation. The GP, practice nurse or community nurse (if used by your practice to facilitate the program) will liaise with the hospital during admission and assist with the discharge planning process where appropriate.

Follow up by the GP or nurse will see the patient’s progress and

treatment plan reviewed within 1-2 days after discharge.

By the patient retaining a copy of their care plan, they are able to share the information with all health professionals they engage with throughout the program thus ensuring that the key goals can be met through a collaborative approach across the health system.



Would you like to know more? Contact Ailsa Gregory on

9708 8019

a.gregory@pgpn.org.au



Medicare billing for the CVC Program

For practices participating in or considering the Coordinated Veterans’ Care program, the following information is provided to support the processing of a Medicare claim at enrolment of a patient and for subsequent quarterly periods of care coordination.

- The Initial Incentive Payment (UPO1 or UPO2) can be claimed once the veteran is enrolled on the CVC Program.
- The **date of commencement** of the quarterly period of care must be a date **on or after** the date of the UPO1 or UPO2 claim.
- Quarterly Care Payments (UPO3 or UPO4) are paid retrospectively and cannot be claimed until **completion** of the quarterly period of care. The service date is the commencement date of the quarterly period of care.

For a GP **with** a Practice Nurse as CVC Care Coordinator – Veteran enrolled in CVC Program on or before 01/01/12:

Date (submitted on or after)	Incentive Payment	Quarterly Care payment	Date of service
01/01/2012	UP01		01/01/2012
01/04/2012		UP03	01/01/2012
01/07/2012		UP03	01/04/2012
01/10/2012		UP03	01/07/2012
01/01/2013		UP03	01/10/2012

For a GP **without** a Practice Nurse as CVC Care Coordinator – Veteran enrolled in CVC Program on or before 01/01/12:

Date (submitted on or after)	Incentive Payment	Quarterly Care payment	Date of service
01/01/2012	UP02		01/01/2012
01/04/2012		UP04	01/01/2012
01/07/2012		UP04	01/04/2012
01/10/2012		UP04	01/07/2012
01/01/2013		UP04	01/10/2012



ATAPS: What you need to know

REFERRALS	Standard	Perinatal	Suicide / self harm
December	38%	8%	41%
January	59%	13%	22%

A snapshot of our referrals for the months of December and January, is evidence that we are doing great work in servicing our community, it also demonstrates the potential we have to do more.

	# of sessions	eligibility	Referral procedure	Time frame
Standard	6	no / low income	MHTP and referral form to be faxed to 9708 8157	3 months
Perinatal	6	Mum only from conception -child 1 year old	MHTP and referral form to be faxed to 9708 8157	3 months
Suicide / self harm	8	Suicidal ideation or recent episode of self harm * Not suitable for acute patients	Referral form (and MHTP if one has been prepared) to be faxed to 9708 8157	2 months

All referrals are assessed individually and we will work with you to ensure the patient receives the most appropriate and timely support.

We are more than happy to schedule visits to equip you with the knowledge and resources in order to utilise ATAPS to its potential, to arrange a visit please call Jade Stubbs or Louise Addicoat on 9708 8019.

Please note that we have introduced a new referral procedure

When faxing through a referral we will need a referral form completed.

This will remain with us and be used for reporting requirements. To date MHTP's have given us significant personal information which is and will remain to be very helpful in allocating the referral whilst also giving the ATAPS provider insight into their new patient.

Referrals should now include a referral form and the MHTP.

Our new referral form can be found at on www.pgpn.org.au specifically on the [resources page](#) .

We are currently in the process of adapting this referral form to be compatible with your clinical software.



SEEKING EXPRESSIONS OF INTEREST
 Peninsula GP Network are seeking expressions of interest for membership of the Mental Health Reference Group, the following roles are available

Consumer representative

Carer representative

Allied Health Professional

Peninsula GP Network’s Mental Health Program aims to build the capacity of general practice to enhance mental health in the community through:

- General Practice support
- Professional development
- Building links and promoting referral pathways
- Support of state and federally funded initiatives

The Mental Health Reference Group provides support, direction and quality review to the activities of the Mental Health

Programs offered by Peninsula GP Network.

Meetings occur bimonthly at our offices in Jackson Road, Mount Eliza. Reimbursements apply.

To register your interest please contact Jade Stubbs, Mental Health Program Officer

☎ (03) 9708 8019

📍 Jacksons Road, Mount Eliza 3930

✉ j.stubbs@pgpn.org.au

REGISTRATIONS CLOSE 30 MARCH 2012

PGPN EVENTS CALENDAR

Date	Meeting	Audience	Venue/Time
5 March	Bowel Cancer Screening	GPs, PNs & PMs	6.45pm Toorak College, Mt Eliza
14 March	Pacemakers, what do they do?	Practice Nurses	12.30 – 2.00pm Safety Beach Yacht Club
15 March	Emergency Medicine Update	GPs & PNs	6.45pm Benito’s Restaurant, Mt Eliza
21 March	Compression bandaging in the Community	Practice Nurses	12.30 – 2.00pm Kirks Hotel, Mornington
22 March	Cultural Awareness Training	GPs & Practice staff	8.30am — 4.30pm Hummingbird Retreat, Red Hill
4 April	Mental Health - Perinatal Update	GPs	6.45pm Benito’s Restaurant, Mt Eliza



KARAN KENT
PGPN PROGRAM OFFICER

What is being planned for CTG?

professionals; Promoting and sign on to the Practice Incentive Program Indigenous Health Initiative (PIP IHI) to local GPs and supporting access to transport to and from medical appointments with the intent of creating positive health outcomes.

Since our last newsletter we have been busy planning for the coming six months and beyond.

“In response to practice feedback we are developing a jam packed interactive Aboriginal and Torres Strait Islander Cultural Awareness Training day ”

In late January we spent a ½ day planning session with our colleagues from Peninsula Health Koori Team and the Bunurong Healthy Lifestyle Team, for a coordinated approach to delivering future activities and events that will support and sustain healthier communities across the region.

In response to practice feedback we are developing a jam packed interactive Aboriginal and Torres Strait Islander Cultural Awareness Training day to be held at the Hummingbird Eco Retreat & Conference Centre in Red Hill on Thursday March 22 – This date coincides with National Close the Gap day and is a must for the diary.

For practices participating in the PIP IHI this is an ideal alternative to the RACGP 6 hour online module to meet your sign on requirements. All practices and interested health professionals are welcome to attend - Invitations will be arriving at your practice shortly or feel free to contact us for more information.

Karan Kent
Close the Gap Program Officer

☎ 9708 8019

💻 k.kent@pgpn.org.au

Happy New Year from Close the Gap Team, we are filled with enthusiasm, hopes and dreams for an exciting year ahead that promises to bring many changes, challenges and opportunities moving forward.

Close the Gap team will continue to work with communities, individuals, GPs and health professionals across Frankston and Mornington Peninsula to support the notion of achieving better health outcomes for Aboriginal and Torres Strait Islander people locally.

We will continue to encourage regular GP visits, the value of health checks and benefits of identification as Aboriginal and or Torres Strait Islander to health

WANTED

Wanted more G.P.'s to register for the P.I.P.

We have a greater number of ATSI people residing in the Frankston and Mornington Peninsula area than you may realise and we need more G.P.s to register for the Practice Incentives Program (P.I.P) to help close the life expectancy gap for our ATSI people.

Contact CTG Team on

☎ **9708 8019**

Workforce

Practice Nurse

Position for Registered Nurse

Cranbourne Road Medical Centre is an 8 GP private billing practice in Frankston with a team of 4 part-time Registered nurses, (sharing 2FTE).

This position is permanent part-time – two days/week being Monday & Tuesday. Shifts are 8.30am to 5.30pm / 9.00am to 6.00pm, alternating each week. (In addition to these permanent shifts you must be available to work extra sessions as required for relief of holiday and sick leave).

Excellent computer skills are essential.

To make further enquiries about this position please telephone our Practice Manager – Anna Wyman on 9783 9288.



Fun Fun Fun in the sun!



LISA COPPE
CTG OUTREACH WORKER



A great day was had by all at the youth & children's sailing day event held at Blairgowrie Yacht Club, the event run by Peninsula Health Koori Unit Team based at Frankston Integrated Health is one of a few summer school holiday programs they run.

The day was a huge success and attended by approximately 100 community members from Frankston and Mornington Peninsula.

The day not only consisted of sailing the children were taken for rides in a speed boat, swimming and fished off the pier.

Whilst I supervised the children sailing and swimming I asked some of the children in a couple of words to describe the day?

"It was an exciting day" 9 year old Talmage.

"I seen a baby seal" 19 year old Renee.

"I had lots of fun" 7 year old Isabella.

"Mean as" 15 year old Eddie.

"Good job" 14 year old Stephanie.

"Awesome" 11 year old Jack.



I would like to thank Peninsula Health Koori Unit Team for a fabulous day.

"Down to business"

Close the Gap Outreach Worker referral service has had a busy start to the year signing on four new referrals to the outreach service, providing transport to G.P. appointments and discussing and providing information regarding PIP with clients.

In late December 2011 CTG program met with Manager Gillie Freeman of Bunjilwarra Koori Youth D & A Healing Centre in Hastings to discuss the referral process of residents to a G.P. clinic.



Influenza Preparedness

With influenza season fast approaching and flu vaccines taking up space in your vaccine fridge it's time to think of what needs to be considered. Often cold chain maintenance is the first consideration. Do you need your vaccine fridge data logged?

Here is a list of some other suggestions, with links to access resources & information. The information is aligned to the relevant RACGP standards in support of collecting evidence for your practice accreditation.

Preparing staff: All staff, clinical & non-clinical need to be informed and prepared for flu season. Some ideas for supporting staff through this busy time are:

OH & S

Standard 4.1 Practice systems: Criterion 4.1.2 - Occupational health and safety - Our practice implements strategies to ensure the occupational health and safety of our GPs and other members of the practice team

- Offer staff immunisations – (staff to sign consent or refusal form)
- Ensuring staff take regular breaks, (sufficient staff to cover staff members off on sick leave to ensure they have reasonable time to recover)
- Inform cleaning staff of the need at this time to more vigilant cleaning of heavy contact areas such as phones, front desk, door handles, wiping toys daily
- Provide training for staff (see below education & training)



Education and Training

Standard 3.2 Education and Training: Criterion 3.2.3 Training of administrative staff- our administrative staff participate in training relevant to their role in the practice.



- Set aside 20 minutes at your next staff meeting to allow staff to view the 2 YouTube examples attached of putting on and removing Personal Protective Equipment (PPE), make this activity interactive by having available PPE for staff to practice putting on and removing. Hopefully staff won't need to don PPE but it is a good idea to run through this..
Putting on PPE <http://www.youtube.com/watch?v=oc9AzmHXAvU>
Taking off PPE <http://www.youtube.com/watch?v=O58JnBSsgGk>
- In-house infection control (there is a cost) can be presented to staff by – Marg Jennings Microbiologist, Infection Control Consultant.
<http://www.marjenes.com.au/>

Practice resources:

Victorian Government resources-<http://www.health.vic.gov.au/pandemicinfluenza/>
Preparing for an influenza pandemic, an info kit and work plan for General Practice.
http://www.health.vic.gov.au/pandemicinfluenza/downloads/hs684_preparing_kit_8.pdf
World health organisation - <http://www.who.int/topics/influenza/en/>
Prioritisation of Patients: A Guide to Urgency for Non-clinical Staff in General practice,
Triage Pop Guns- <http://www.pgpn.org.au/resources.html#PracticeManagers>
RACGP Infection Control:<http://www.racgp.org.au/infectioncontrol>
Pandemic resources for general practices <http://www.racgp.org.au/pandemicresources>

Waiting Room Information

All patients and carers spend time in your waiting room. Utilise this space and time well by making available useful and appropriate information on health topics. Change the theme regularly keeping it interesting. The flu season is a really good theme with a lot of resources available to support you.

Standard 1.3 Health promotion and prevention of disease: Criterion 1.3.1 Our practice provides health promotion, illness prevention and preventive care and a reminder system based on patient need and best available evidence.

Patient Information can include:

- Posters promoting
 - Benefits to patients by having annual flu vaccines
 - Invitation to patient's for their flu vaccine (mail out)
 - http://www.health.vic.gov.au/pandemicinfluenza/downloads/cover_cough_new.pdf
 - Hand washing technique
http://www.health.vic.gov.au/pandemicinfluenza/downloads/wash_hands_new.pdf
 - Advising patients what to do if they have flu symptoms
 - Information brochures and pamphlets, including the use of recall reminder system within your practice.
 - Flu clinic held at practice - dates and time to access
 - Cough and sneeze etiquette

Have available to patients in the waiting area alcohol hand wash and tissues, with masks readily available behind desk if required.



Latest developments at BreastScreen Victoria

BreastScreen Victoria (BSV) has introduced some innovative initiatives that will enable GPs to easily refer women to a local BreastScreen Clinic.

Electronic Results

BSV is now able to electronically transmit patients' routine screening results to GP practices set up with HealthLink. For clinics with an active HealthLink account, results will be imported into your system the same way you currently import other results via HealthLink. Sites not configured or registered, will be contacted by the HealthLink team to arrange a time to complete this work. This will significantly reduce the number of hard copy letters being received and processed by practices. For more information on electronic results please contact Ms Lisette Bicknell, Manager Information Services on T: 8665 4144. To contact HealthLink directly: Mark W McPherson, eHealth Business Manager, Vic, mark.mcpherson@healthlink.net

Add screening mammograms to recall lists

Electronic results will also enable screening mammography to be part of your practices' routine recall system. Just add 'reminder' for two years when you receive results. A recent telephone survey of more than 500 women showed that women who had not screened in the last two years were more likely to indicate that a doctor's recommendation had motivated them to have a mammogram. As with previous research this suggests that GPs play a key role in influencing women to have a screening mammogram, particularly for women who are less self-motivated to screen.

GP recommendation pads

The new updated GP pads are now available both in hard copy and electronic form. You can request copies of the GP pads or alternatively GPs can download an electronic form- www.breastscreen.org.au which can be saved as a template in common clinical software programs.

Participation rates

While all asymptomatic women over 40 are eligible for a FREE breast screen, BSV actively recruits women aged 50-69. Statewide participation for this age group is approximately 55% but even lower in some parts of Melbourne. For appointments call **13 20 50**.

Women in the South East of Melbourne can attend a local screening clinic at the following locations:

Waverley	293 Blackburn Road, Mt Waverley	Berwick	18a Langmore Lane, Berwick
Dandenong n	96 - 98 David Street, Dandenong	Frankston	39 Playne Street, Frankston
Rosebud	926 Point Nepean Road, Rosebud	Moorabbin	Holmesglen, Building 4, 488 South Rd Moorabbin



Improved Opiate Prescribing At Peninsula Health

Partially in response to some concerns raised by local GPs around the prescribing of Endone to patients when discharged from hospital, a Peninsula Health Endone audit was performed by the pharmacy department in 2011.

Earlier last year in response to concerns by senior Emergency Department clinicians and others about pethidine prescribing, pethidine was removed and is no longer supplied by Frankston Hospital ED (prescribing ceased mid 2011).

The following articles were written for the PGPN newsletter by pharmacists working at Peninsula Health. For full articles please contact GP Liaison on 97881535.

Peninsula Health Endone™ (Oxycodone 5mg immediate release tablets)

By Jan deClifford, Pharmacist, Frankston Hospital

Audit results

Between 27/9/11 and 14/10/11 an audit of 100 discharge and outpatient prescriptions presented to the Frankston Hospital Pharmacy Department for Endone™ was conducted. All ward-based clinical pharmacists and dispensary based pharmacists were asked to record the details of any discharge prescriptions for Endone.

Quantity Dispensed

Number of Prescriptions	No of Tablets \ Dispensed/ ordered
92	20
6	10
1	120*
1	4

The prescription for 120 tablets was for a patient being treated for pain associated with colon cancer stage 4

Appropriateness

Two orders were identified by the dispensing pharmacist as inappropriate. The prescribing of oxycodone is generally appropriate, with demonstration of prescribers and pharmacists reducing quantities and ensuring follow up in several cases.

'Pethidine is not the strong analgesic of choice in emergency departments'

by Frances Caplygin, Pharmacist, Frankston Hospital ED

Background

In 2000, Berbatis¹ reported that Australia's consumption of Pethidine was the highest in the world. In 2003 the NSW Therapeutic Advisory Group (NSW TAG)'s project 'Improving Analgesia in Hospital Emergency Departments-Optimising Use of Pethidine' resulted in vast reductions in pethidine usage in the emergency departments (EDs) of participating hospitals including complete removal in five.

Today, the majority of Australian hospital EDs, including Frankston Hospital, have reduced their usage of Pethidine.

With senior staff in Frankston Hospital's Emergency department mantra : 'Pethidine is not the strong analgesic of choice in emergency departments' in mind, when they were confronted with a couple of complex cases concerning the use of pethidine it was unanimously decided to remove Pethidine from the department

Removal of Pethidine from Frankston Hospital ED was accomplished by:

- Education as to the problems with Pethidine
- Strategies and Alternatives were provided to achieve the removal
- Communication of No Pethidine Policy
- Legal Ramifications identified and addressed



Dr Joanne Newton & Jennifer Sidwell
GP Liaison Consultants

PATIENT CLASSIFICATION	
Medical	31
Orthopaedic	34
Surgical	35

New SunSmart Campaign Targets Adolescent Victorians.

Victorians adolescents and young adults are the focus of a melanoma awareness campaign being shown for the first time in Victoria this summer.

The *Wes Bonny* story tells the true story of a 26 year old young man who died of a melanoma in March 2010.

The commercials feature interviews with Wes' family and close friends.

The campaign challenges beliefs that skin cancer and melanoma are not serious and do not affect young people. It also reminds the audience that there is more that



most people can do to protect themselves from the sun and to prevent skin cancer.

Wes' story will be shown alongside the Dark Side of Tanning advertisements, which are running for the third consecutive season in Victoria.

The commercials are complementary and will help to further achievements in skin cancer prevention in Victoria.

For further information please see the SunSmart website www.sunsmart.com.au



iPad helps seniors monitor alcohol and medication interactions

Dromana resident Bruce Robinson has taken his health literally into his own hands.

He is using pioneering iPad technology, part of a pilot program known as Older Wiser Lifestyles (OWL) run by Peninsula Health, to help him in his quest to identify whether his alcohol intake is interfering with the prescription medications he has to take.

“Drinking can not only interact with some medications – it may render other medications”

Six months on and the results are obvious: he feels stronger and healthier than ever, and is a strong advocate for the program not only to remain in Victoria but also to be extended nationally. He says that many older adults are not aware that having a few drinks when they are taking certain medications may cause significant health problems, or even hospitalisation.

“Drinking can not only interact with some medications – it may render other medications ineffective.

“The OWL program uses a measurement tool developed in the USA which has been recalibrated for Australia to look at the relationship between alcohol consumption, health problems, and use of medication.”

The assessment has been designed specifically for seniors who may be unaware of how their drinking impacts on their medications and health conditions.

“Our assessment revealed that Bruce’s alcohol intake was negatively affecting the management of his hypertension, had the potential to interact with his medications, and placed him at greater risk of health complications,” said Mr Bright.

The iPad uses the Alcohol-Related Problems Survey (ARPS) to identify whether a person’s medication or health condition could be affected by the amount of



Dellie McKenzie and Bruce Robinson

alcohol that they drink. It contains a questionnaire for clients and prepares a report for the client.

“Offering this program on our iPads and via the internet means patient data is easily collated and the right support can be given more quickly.” Mr Robinson, who had never used an iPad before, said the technology was surprisingly easy to use and a great way to get started on the program.

For further details contact: Stephen Bright, Psychologist Reducing Risky Drinking Project Coordinator Older Wiser Lifestyles (OWL)

9784 7108

Mobile: 0419 143 773

s.bright@phcn.vic.gov.au

Support is available for the elderly at home

The priority for the next few months is to visit RACFs and aged care service providers in our catchment and identify issues and gaps related to general practice and the community.

The project will establish a mechanism for communicating the needs of RACF residents with the

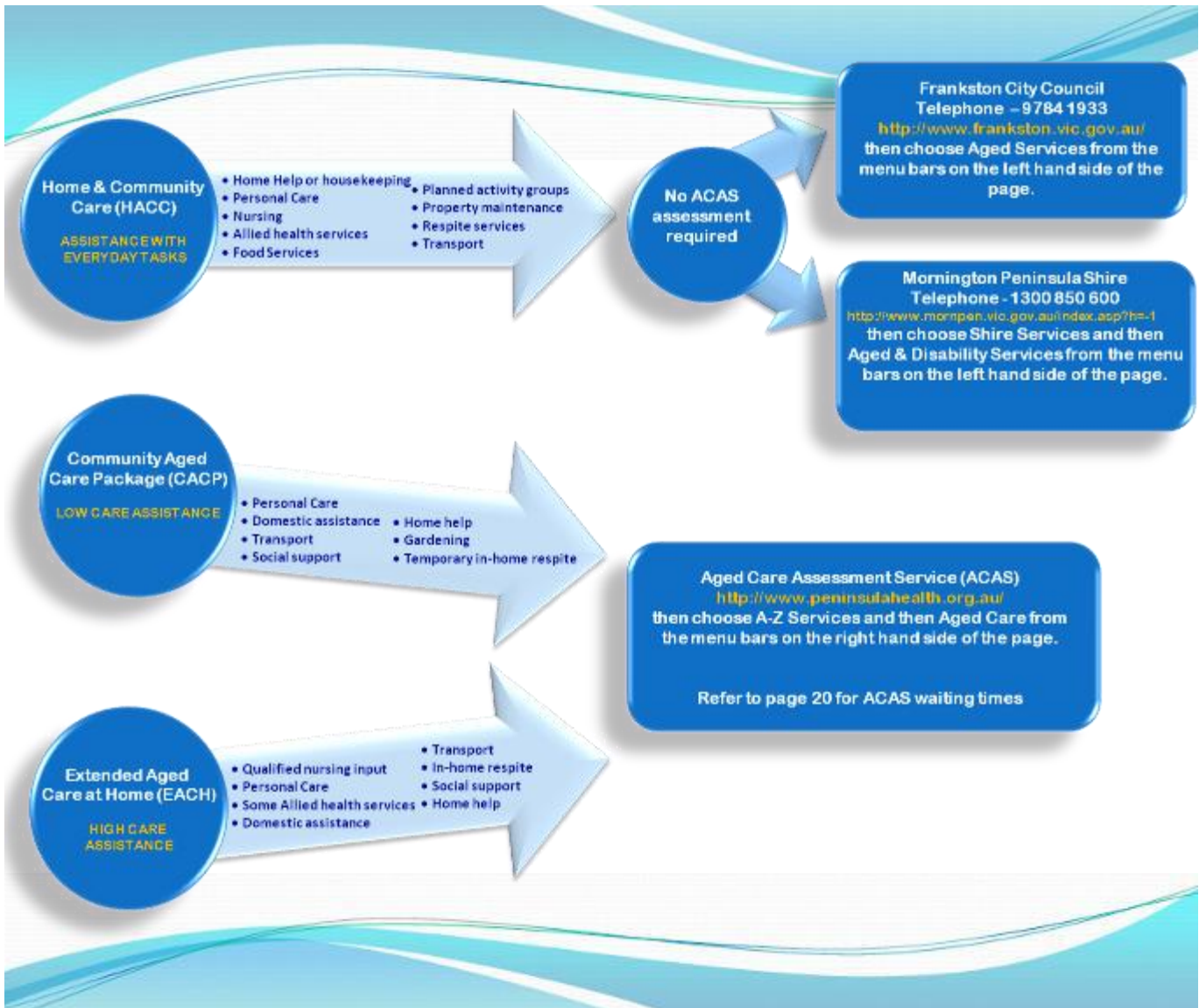
newly created Frankston Mornington Peninsula Medicare Local.

The Aged Care sector is a complex one to navigate, however we will endeavour to provide you with simple, concise information which will assist you in assisting your patients.

The feedback to date has identified a lack of understanding of the packages available to assist elderly patients to remain in their home.

www.agedcareaustralia.gov.au

So we hope the below flowchart simplifies this process.



an OLD man WENT TO THE DOCTOR



An Old man went to the doctor complaining of a terrible pain in his leg.
 “I am afraid it’s just old age”, replied the doctor,
 “there is nothing we can do about it.”
 “It can’t be” fumed the old man, “you don’t know what you are doing.”
 “How can you possibly know I am wrong?” countered the doctor.
 “Well it’s quite obvious,” the old man replied,
 “my other leg is fine, and it’s the exact same age!”



Introducing Sonia Kulyk

Aged Care Facilities to assist new residents and their families in making the transition from their home.

Sonia has previously had 10 years experience in Out of Home Residential Care working with mandatory clients as a residential care worker, unit coordinator and clinical case manager and was most recently employed with Anglicare Victoria.

She is excited to be transitioning her skills in 'family therapy' to the Aged Care Access Initiative through the Peninsula GP network as she has a passion for working with marginalized people of any age and therefore feels that working with the Elderly in the transition program will be a new and fresh challenge.

For more information please contact Sonia on 0487 241 041

Sonia, a family therapist has recently commenced with PGNP.

Sonia will be visiting Residential

It can be difficult adjusting to a move into Residential Aged Care

Are your patients or their families having difficulty adjusting to life at a Residential Aged Care Facility? Consider the ACAI Transitional Support Program.

PGPN currently employs a Mental Health Nurse and a Family Therapist who provide a free counselling

service to new residents to support them in settling into their new environment.

For further information please contact;

Linda Biddle 0438 613855 or
Sonia 0487 241 041.



Important Information about Peter Mac Referrals

Many of the specialist clinics at Peter Mac are now MBS funded services. This has been implemented in line with the DHS guidelines on MBS clinics in Victorian Public Hospitals. There are more details on the Peter Mac website www.petermac.org/ReferringPatients

Patients are bulk billed and there is no out of pocket cost.

Referrals (12 months or indefinite) need to be to a named specialist

- a) This can be of your choice
- b) If you are uncertain please refer to heads of department eg
A/Prof Andrew Herriot (Surgical Oncology)
A/Prof Danny Rischin (Medical Oncology)
Prof Gillian Duchesne (Radiation Oncology)
Prof John Seymour (Haematology Oncology)

Patients will be triaged and seen by a doctor in the appropriate speciality (eg breast) with either option.

If there are no named specialists on the referral (i.e. dear doctor) Peter Mac will be obligated to request a further referral, fulfilling these MBS requirements, directly from you.

A definitive list of consultants by speciality is on the Peter Mac website together with further details concerning the referral process. There is also a referral template that is downloadable to Medical Director that will make this process much easier and streamlined.


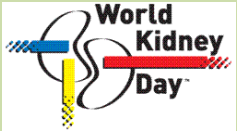

Your patient may be internally referred to another department (eg radiation). In this case your patient will be asked to return to you, within 3 months, for an indefinite or 12 month referral. In order for your patient to receive an appointment in a timely manner please fax all referrals to New Patient Registrations on 9656 3743.

If you have any questions or concerns please contact the Referral Management Team on 9656 1335. We hope this information is helpful and that Peter Mac can continue to help you provide your patients with an efficient and caring service in what can be a difficult time.





Better Health Channel—Events Calendar

MARCH

DATE	WEEK	MESSAGE
01/03/2012	Lymphoedema Awareness Month 	Lymphoedema can be managed. The earlier it is diagnosed, assessed and treated the better the outcome. Lymphoedema Awareness Month aims to raise awareness of this condition
08/03/2012	World Kidney Day 	Highlight diabetes and high blood pressure are key risk factors for Chronic Kidney Disease (CKD). Encourage systematic screening of all patients with diabetes and hypertension for CKD. Encourage preventive behaviours. - Medical professionals play key role in detecting and reducing the risk of kidney disease, particularly in high risk populations.
28/03/2012	Wound Awareness Week 	Wound Awareness Week is a national campaign designed to raise public and professional awareness of issues and approaches to wound management, best practice in wound management and where the public can go for help. The Australian Wound Management Association has a particular focus on skin tears, pressure ulcers and venous ulcers

APRIL

DATE	WEEK	MESSAGE
07/04/2012	World Health Day 	The theme for World Health Day 2012 is Ageing and health.
29/04 – 05/05/12	Privacy Awareness Week 	The annual event aims to remind the public sector and the broader community of the importance of protecting personal information.

Comment on Recent Media Coverage On Aspirin



“The findings from a recent research paper which questioned the benefits of aspirin are not new or applicable to the elderly,” said aspirin researcher Professor John McNeil, Principal Investigator of ASPREE. The paper was a meta-analysis of nine studies with an average participant age of 57 years.

Until ASPREE (ASPirin in Reducing Events in the Elderly) the benefit vs. risk of aspirin for

primary prevention in the elderly has never been studied.

The elderly have potentially much more to gain in terms of disease prevention than middle aged people. However, they are also at greater risk of side effects such as bleeding.

Results from ASPREE, which currently has over 5000 participants, should be known by 2017/2018.

Any GP concerned about media reports about aspirin should contact ASPREE on **1800 728 745** or email aspreegp@monash.edu.



Alcoholics Anonymous

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.



A.A. Frankston & Bayside District:
0439 182 320

A.A. Mornington Peninsula District: 1300 880 390



in partnership with

i imaging
Independently
Peninsula



Peninsula Health provides comprehensive diagnostic radiology services in conjunction with Imaging Independently.

Our aim is to offer the very best service across a range of diagnostic imaging modalities, striving to meet or exceed the standards of any diagnostic imaging in Australia.

- Experienced Radiologists, with fellowship training and sub-speciality expertise
- **Bulk Billing** for all services that are covered by Medicare rebate
- Electronic Format delivery of reports
- Health Link is our delivery provider. This is provided free of charge and is easy to install
- Referral forms are available in A5 format for manual writing and A4 format for use with computer printers
- Radiologists are available to provide Clinical Presentations to your practice and to keep you informed on the latest in Diagnostic Imaging
- All Public and Private Referrals are welcome

For further information please contact:
Kerrin Ball / Marketing Manager - 0437 307 526

Frankston Hospital
Hastings Road, Frankston
Melways Map: 120, E4
Phone: (03) 9784 7501

Rosebud Hospital
1527 Nepean Hwy, Rosebud
Melways 169 K2
Phone: (03) 5986 0666

www.lipeninsula.com.au

Workforce

Practice Nurse

Position for a Registered Nurse is available at Balnarring Village Medical Centre 3054 Frankston Flinders Rd Balnarring VIC 3926.

Approximately 17 hours per week, Thursday and Friday from 8.30 - 5.00pm. Practice Nurse experience would be preferable. Knowledge of Medical Director would be also be an advantage. Holiday and sick leave cover is a must. Please send your resume to Janelle Johnson at the above address.

Please send your resume to Janelle Johnson at the above address.

Peninsula Health Community Health Service Waiting Times

Service	Estimated Waiting Time
Cardiac Rehabilitation	3-4 weeks
Counselling	3 weeks
Diabetes Education (Group)	Monthly
Diabetes Education (Individual)	2-4 weeks
Dietetics	3-4 weeks
PENDAP Withdrawal	2-3 weeks
PENDAP Counselling	6 weeks
Physiotherapy	2-6 weeks
Podiatry	3 weeks
Strength Training assessment	2-3 weeks
<i>Peninsula Health Community Health Service</i> <i>*Please note clients are prioritized according to need and risk</i>	

These waiting times are estimates only and can vary depending on the location of service. These waiting times apply to routine service enquiries only.

All service requests are prioritized and earlier appointments are available for category 1 and urgent referrals.

We are currently experiencing heavy demand and long delays for children's service appointments.

Contact CH for further info:
1300 665 781.

Calls will be directed according to your closest geographic location but services for **all sites** can be booked from any of the below .

Hastings CH – 5971 9100
Frankston CH – 9784 8100
Mornington CH – 5970 2000
Rosebud CH – 5986 9250

Service	Estimated Waiting Time	
Aged Care Assessment Service (ACAS)	3-4 weeks (non urgent assessments)	Southern Metropolitan Regional Aged Care Assessment Service (ACAS) currently has a waiting time of 3 – 4 weeks for non-urgent assessments. SMR ACAS provides assessment, information, advice and assistance to older people (aged 65 +) in the Frankston City & Mornington Peninsula local government areas who wish to remain living at home or who are considering the transition to a residential aged care facility. For more information call ACAS on 9788 1276

YOU COULD WIN A \$100 MYER VOUCHER!

We need your help to improve the quality of PGPN Newsletter



Please visit our website [Communications](#) page and download the Newsletter Evaluation for a chance to win a \$100 Myer Voucher.

Prize to be drawn on 16 March 2012 .

The winner will be contacted by phone

Results also to be published on the [website](#) and our

 [Facebook](#)  and [Twitter](#) pages.